EMERGENCY TELEPHONE SYSTEM PLAN
FOR NETWORK SERVICES

COMPETITIVE LOCAL EXCHANGE CARRIER (CLEC) USE ONLY

CPUC CERTIFY RCD NUMBER:	**CLEC CONTACT NAME:**	**CLEC COMPANY NAME:**
NENA 5-Character Company ID:	**CLEC CONTACT SIGNATURE:**	**MAILING ADDRESS:**
CLEC 24-HOUR 7-DAY TOLL-FREE NUMBER:		**CLEC CONTACT PHONE:**
FAX:		**CITY:**
E-MAIL:		**STATE:** **ZIP**
MIS-ROUTE CONTACT NAME:		**MIS-ROUTE CONTACT PHONE:**
MIS-ROUTE CONTACT MAILING ADDRESS (IF DIFFERENT):		

NPA	NXX	NXX	NXX	NXX	NXX	NXX	NXX	NXX	NXX	NXX	NXX
	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RANGE	NXX NUMBER RRANGE

Rate or Service Area Name:

Describe Rate or Service Area General Location (in detail)

Additional Comments or Details

"A" Termination CLLI:	**"Z" Termination CLLI:**
Street Address	**Street Address**
City	**City**

No. of Voice Paths (minimum two) required to achieve P.01 level of service:

COUNTY 9-1-1 COORDINATOR USE ONLY

Date Received:	Approval Authority (Print or Type):	Agency Name:
Date Sent:	Approval Authority (SIGNATURE):	Address:

County Number:	City	CA	Zip

Default ESN:	Default Agencies:	7-digit Emergency Phone No.:
	Police:	♦
	Fire:	♦
	EMS:	♦

Default ESN Provided by:

Default ESN Provider Phone:	Default ESN Provider E-Mail:

9-1-1 PROGRAM USE ONLY

Log #:	Date Received:	9-1-1 Service I.D.:	9-1-1 Trunk I.D.:

Invoice Address:	Authorized Reimbursement:	
C/O STATE 9-1-1 PROGRAM **601 SEQUOIA PACIFIC BOULEVARD** **SACRAMENTO, CA 95814-0282**	NON-RECURRING:	MONTHLY RECURRING:

Airline "A" CLLI to "Z" CLLI miles from CLEC switch to nearest ILEC Selective Router

Approved (Print or Type):	Signature
E-Mail:	Phone: